COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Includes Reference to PCT International Applications)

Attorney's Docket Number

U.S. Application No. (if known)

156-0101

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PHOTOLUMINESCENT SLEEVE FOR ELECTRIC LAMPS FOR PRODUCING **NON-ELECTRIAL LIGHT**

the specification of which							
is attached hereto							
OR							
was filed as United States	Application Number or PCT International A	pplication Number					
			_				
on			·				
and was amended							
on	(if applicable)						
I hereby state that I have reviewed and uamendment referred to above.	understand the contents of the above-identifi	ed specification, including the claims, as a	imended by a	ny			
I acknowledge the duty to disclose informations, §1.56.	nation which is material to the patentability o	of this application in accordance with Title	37, Code of Fe	ederal			
I hereby claim the benefit under Title 35,	United States, §119 (e) of any United State	s provisional application(s) listed below.					
(Application Number)	(Filing Date)						
(Application Number)	(Filing Date)		•				
I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-(d) or §365 of any foreign application(s) for patent or inventor's certificate or §365 (a) of any PCT international application(s) which designated at least one country other than the United States of America, listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) having a filing date before that of the application(s) of which priority is claimed:							
PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:							
COUNTRY (if PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY UNDER 35				
			□YES	□NO			
			□YES	□ио			
			□YES	□ио			
		.:	□YES	□NO			
			□YES	□ио			
			□YES	□NO			

Combined Declaration For Patent Application and Power of Attorney (Continued)

(Includes Reference to PCT International Applications)

Attorney's Docket Number

156-0101

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or §365 of any PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56 which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:

U.S. APPLICATIONS			STATUS (Check one)		
U.S. APPLICATION NUMBER U.S. FILING DATE		ING DATE	PATENTED	PENDING	ABANDONE
PCT AP	PLICATIONS DESIGNATING 1	THE U.S.			
PCT APPLICATION NO.	PCT FILING DATE	U.S. SERIAL NUMBERS ASSIGNED (if any)			l

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number); Michael A. Shimokaji, Reg. No. 32,303, DiPinto & Shimokaji, P.C., 1301 Dove St., Suite 480, Newport Beach, CA 92660, and each principal, attorney of counsel, associate and employee of DiPinto & Shimokaji, P.C. who is a registered Patent Attorney or Agent, including Jerry Haynes, Reg. No. 42,646; David J. Robeson, Reg. No. 38,598; James F. Harvey, Reg. No. 39,706; Lyman Smith, Reg. No. 44,342; Mark Manley, Reg. 36,592; James H. Fritz, Reg. No. 28,077; Charles Gumpel, Reg. No. 29,385; Richard D. Fuerle, Reg. No. 24,640; Frederic Douglas, Reg. No. 48,813; Elisabeth Sussex, Reg. No. 46,391; Donald Lecher, Reg. No. 41,933; David Bowls, Reg. No. 39,915; Gudrun Passlack, Reg. No. 47,847; Rouz Tabaddor, Reg. No. 45,312; and Michael Ries, Reg. No. 53,518.

Sen	d Correspondenc	e to:		Direct Telephone Calls to: (name and telephone number)
130	NTO & SHIMOKA. 1 Dove Street Suit port Beach, CA 92	e 480		Michael A. Shimokaji (949) 223-0838
2 0 1	FULL NAME OF INVENTOR	FAMILY NAME Landry	FIRST GIVEN NAME Kimberly	SECOND GIVEN NAME
,	RESIDENCE & CITIZENSHIP	Coquitlam	STATE OR FOREIGN COUNTRY B.C.	COUNTRY OF CITIZENSHIP Canada
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 1653 Plateau Crescent	спу Coquitlam	STATE & ZIP CODE/COUNTRY B.C. V3B 3E3
2 0 2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
-	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	сіту .	STATE & ZIP CODE/COUNTRY
2 0 3	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 4901 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 202

SIGNATURE OF INVENTOR 203

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DATE			DATE	DATE	
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Combined Declaration For Patent Application and Power of Attorney (Continued) (Includes Reference to PCT International Applications)					Attome	Attorney's Docket Number		
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2 0 4	FULL NAME OF INVENTOR	FAMILY NAME		FIRST GIVEN NAME		SECOND GIVEN NAME		
4	RESIDENCE & CITIZENSHIP	CITY		STATE OR FOREIGN COUNTRY		COUNTRY OF CITIZENSHIP		
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2 0 5	FULL NAME OF INVENTOR	FAMILY NAME		FIRST GIVEN NAME		SECOND GIVEN NAME		
J	RESIDENCE & CITIZENSHIP	СІТҮ		STATE OR FOREIGN COUNTRY		COUNTRY OF CITIZENSHIP		
	POST OFFICE ADDRESS	POST OFFICE ADDRESS		CITY		STATE & ZIP CODE/COUNTRY		
2 0 6	FULL NAME OF INVENTOR	FAMILY NAME		FIRST GIVEN NAME		SECOND GIVEN NAME		
	RESIDENCE & CITIZENSHIP	CITY		STATE OR FOREIGN COUNTRY		COUNTRY OF CITIZENSHIP		
	POST OFFICE ADDRESS	POST OFFICE ADDRESS		CITY		STATE & ZIP CODE/COUNTRY		
be tr impr	ue: and further that	these statements were ma under section 1001 of Title	ade with the know	rledge that willful false statemer	nts and the	e on information and belief are believed to e like so made are punishable by fine or atements may jeopardize the validity of the		
	SIGNATURE OF INVENTOR 204		SIGNATURE OF INVENTOR 205			SIGNATURE OF INVENTOR 206		
DATE		DATE DA		DAT	DATE			